

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 85588RLO  
Customer No. 01333**

Commissioner for Patents  
P.O. Box 1450  
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**Date:**

2/25/04

**ELECTROLUMINESCENT DEVICES HAVING  
CONJUGATED ARYLAMINE POLYMERS**

**First Named Inventor (or Application Identifier):**

Shiying Zheng, et al

Enclosed are:

1. ☒ Specification
2. ☐ 3 Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
  - 4a. ☒ New
  - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
6. ☒ Assignment of the invention to Eastman Kodak Company
7. ☐ Certified copy of a priority
8. ☐ Associate Power of Attorney

☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of Inventor(s).  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

**If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: .
12. ☒ Please address all written communications to Pamela R. Crocker, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

| FOR:                     | NO. FILED                          |        | NO. EXTRA | RATE   | FEE    |
|--------------------------|------------------------------------|--------|-----------|--------|--------|
| BASIC FEE                |                                    |        |           |        | \$ 770 |
| TOTAL CLAIMS             | 7                                  | - 20 = | -13       | x 18 = | \$ 0   |
| INDEPENDENT CLAIMS       | 3                                  | - 3 =  | 0         | x 86 = | \$ 0   |
| <input type="checkbox"/> | MULTIPLE DEPENDENT CLAIM PRESENTED |        |           | + 290  | \$ 0   |
|                          |                                    |        |           | TOTAL  | \$ 770 |

☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 770**

**A duplicate copy of this sheet is enclosed**

☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

**A duplicate copy of this sheet is enclosed.**

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